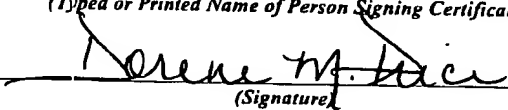
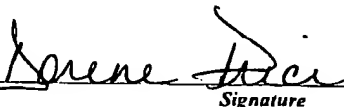
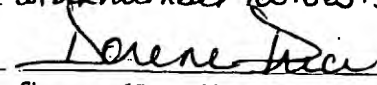


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 98.21US
Applicant(s): Shah et al.			
Serial No. 09/324,182	Filing Date June 2, 1999	Examiner Pulliam, Amy	Group Art Unit 1615
Invention: Non-Tacky Mascara Composition			
<p>I hereby certify that this <u>Cert., Trans., Amend (opgs)</u> <small>(Identify type of correspondence)</small></p> <p>is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-305-3592</u>)</p> <p>on <u>March 18, 2003</u> <small>(Date)</small></p> <div style="text-align: right; margin-top: 100px;"> <u>Dorene M. Price</u> <small>(Typed or Printed Name of Person Signing Certificate)</small>  <small>(Signature)</small> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 2870/155	
Applicant(s): Shah, et al.					
Serial No. 09/324,182	Filing Date June 2, 1999	Examiner Pulliam, Amy	Group Art Unit 1615		
Invention: Non-Tacky Mascara Composition					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	30 -	30 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$80.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
 <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 05-1320 A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
 Signature			Dated: March 18, 2003		
Dorene M. Price (Reg. No. 31,145) Estee Lauder Companies 125 Pinelawn Road Melville, NY 11747 (631) 531-1194					
cc:			<div style="border: 1px solid black; padding: 5px;"><p>I certify that this document and fee is being deposited on March 18, 2003 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231. to fax number 703.305.3592.</p><p style="text-align: center;"> Signature of Person Mailing Correspondence</p><p style="text-align: center;">DORENE M. PRICE Typed or Printed Name of Person Mailing Correspondence</p></div>		

Fax Cover Sheet**ESTÉE
LAUDER
COMPANIES**

DATE: March 18, 2003 **TIME:** 10:10 PM
TO: Examiner Amy Pulliam **PHONE:** (703) 308-4710
GAU 1615 **FAX:** (703) 305-3592
FROM: Dorene M. Price **PHONE:** (631) 531-1194
Estée Lauder Companies **FAX:** (631) 744-3594
RE: Response to Final Office Action (Serial No. 09/324,182)

FAX RECEIVED

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GROUP 1600**CC:****Number of pages including cover sheet: 9****Message**

Please see the attached documents in response to the office action.

- Certificate of Transmission
- Amendment (6 pp)
- Amendment Transmittal

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